CHAPTER 2
SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025)		
VALIDITY EDITS		
REFER TO CHAPTER 2, SECTION 2.3.		
RELATIONAL EDITS		
0-025-01F	• **BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - ACCRUAL FUND CHECK**	
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1 BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2 BENEFIT PAYMENT USING INCORRECT BATCH/VOUCHER ASAP NUMBER GOVERNMENT CAUSED ERROR
	OR CONTRACT NUMBER = MDA906-03-C-0015 (TDEFIC)	
	THEN BYPASS THIS EDIT	
	ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A MEDICARE PART A **OR**
		C MEDICARE PART A & B
	AND HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE =	005 TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
		010 TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSOR **OR**
		015 TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
		017 TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
		020 TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
		021 TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
		022 TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
		023 TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**

Eʟᴇᴍᴇɴᴛ Nᴀᴍᴇ: Bᴀᴛᴄʜ/Vᴏᴜᴄʜᴇʀ ASAP Aᴄᴄᴏᴜɴᴛ Nᴜᴍʙᴇʀ (0-025) (Cᴏɴᴛɪɴᴜᴇᴅ)		
	110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	132	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	134	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	135	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	142	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	143	TRICARE PLUS COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS **OR**
	147	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	148	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	149	TRICARE PLUS COVERAGE WITH CHC FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS **OR**
	151	TRICARE PLUS COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS
OR HEALTH CARE COVERAGE MEMBER CATEGORY CODE =	F	FORMER MEMBER **OR**

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (CONTINUED)

	H	MEDAL OF HONOR RECIPIENT **OR**
	R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY **OR**
	W	FORMER SPOUSE
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER APPROPRIATION TYPE FOUND IN THE TMA DATABASE MUST = TRUST/ACCRUAL FUND	

0-025-02F	• **NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - NORTH CONTRACT**	
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**

	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT	
	ELSE IF CONTRACT NUMBER = MDA906-03-C-0011 (NORTH)	
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN TMA DATABASE = TRICARE DOMESTIC	
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	CL	CLINICAL TRIALS
	OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD < 30 DAYS **OR**
		S	RESERVE > 30 DAYS **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE < 30 DAYS
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF

0-025-03F	• **NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - SOUTH CONTRACT**	
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**

	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT	
	ELSE IF CONTRACT NUMBER =	MDA906-03-C-0010 (SOUTH)

ELEMENT NAME:	BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (CONTINUED)		
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN TMA DATABASE = TRICARE DOMESTIC OR TRICARE FOREIGN		
	THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y	CHCBP - STANDARD **OR**
		AA	CHCBP - EXTRA
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	CL	CLINICAL TRIALS
	OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD < 30 DAYS **OR**
		S	RESERVE > 30 DAYS **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE < 30 DAYS
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
0-025-04F	• **NON-FINANCIALLY UNDERWRITTEN BATCH/VOUCHER ASAP ACCOUNT NUMBER VALIDATION - WEST CONTRACT**		
IF ANY OCCURRENCE OF OVERRIDE CODE =		H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
ELSE IF CONTRACT NUMBER =			MDA906-03-C-0009 (WEST)
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN TMA DATABASE = TRICARE DOMESTIC		
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	CL	CLINICAL TRIALS
	OR PATIENT ZIP CODE IS IN ALASKA		
	OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD < 30 DAYS **OR**
		S	RESERVE > 30 DAYS **OR**

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (CONTINUED)

	T	FOREIGN MILITARY MEMBER **OR**
	V	RESERVE < 30 DAYS
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060)	
VALIDITY EDITS		
REFER TO CHAPTER 2, SECTION 5.1		
RELATIONAL EDITS		
1-060-01F	• **FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]**	
IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
	H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
THEN BYPASS THIS EDIT		
ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
	6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
AND ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM
AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION IN THE TMA DATABASE MUST = TRICARE FOREIGN		
AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
	C	COAST GUARD **OR**
	F	AIR FORCE **OR**
	H	PUBLIC HEALTH SERVICE **OR**
	M	MARINES **OR**
	N	NAVY **OR**
	O	NOAA **OR**
	Z	NOT PROVIDED FROM DEERS
AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
	J	ACADEMY STUDENT **OR**
	N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-02F	• **TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	WA	TPR FOREIGN ADSM
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION IN THE TMA DATABASE MUST = TRICARE FOREIGN		
	AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-11F	• **TRICARE PRIME REMOTE (TPR) [ACTIVE DUTY SERVICE MEMBER]**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
1-060-16F	• **TFL [RETIREE AND FAMILY MEMBER]**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR **OR**
		T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR **OR**
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
	AND HCC MEMBER CATEGORY CODE ≠	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 30 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	AND HCC MEMBER CATEGORY CODE MUST =	F	FORMER MEMBER (RESERVE SERVICE) **OR**
		H	MEDAL OF HONOR RECIPIENT **OR**
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY **OR**
		W	FORMER SPOUSE
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	C	MEDICARE PART A & B
1-060-18F	• **SHCP VOUCHER (ADSM CLAIMS ONLY)**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP - NON-MTF REFERRED **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		ST	SHCP - TRICARE ELIGIBLE
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-REFERRED CARE **OR**
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	AND HCC MEMBER CATEGORY CODE **MUST** =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE **MUST** =	A	SELF
1-060-19F	• **TPR ADFM INTERIM**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM **OR**
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE **MUST** =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
		J	ACADEMY STUDENT **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		D	WARD (NOT COURT ORDERED) **OR**
		E	WARD (COURT ORDERED)
1-060-20F	• **TFL [ACTIVE DUTY FAMILY MEMBER]**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR **OR**
		T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR **OR**
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE PART A **OR**
		C	MEDICARE PART A & B
1-060-23F	• **CONUS NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST ≠		ARMY SHCP CLIN **OR**

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)		
			AIR FORCE SHCP CLIN **OR**
			NAVY SHCP CLIN **OR**
			TRICARE DOMESTIC ASAP **OR**
			TRICARE FOREIGN ASAP
1-060-26F	• **FOREIGN ADFM**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD **OR**
		E	COMPLETE CANCELLATION NON-TED RECORD
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN		
	AND SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	UNKNOWN
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD > 30 DAYS **OR**
		S	RESERVE > 30 DAYS **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE < 30 DAYS

Element Name:	Service Branch Classification Code (Sponsor) (1-060) (Continued)		
	AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
1-060-27F	• **TPR FOREIGN EDITS (ADFM)**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND ENROLLMENT CODE/ HEALTH PLAN CODE =	WO	TPR FOREIGN ADFM
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD **OR**
		E	COMPLETE CANCELLATION NON-TED RECORD
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN		
	AND SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	UNKNOWN
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		S	RESERVE > 30 DAYS
	AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE **OR**
		C	CHILD **OR**
		D	PRE-ADOPTIVE CHILD **OR**
		E	WARD

ELEMENT NAME:	**SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (1-060) (CONTINUED)**		

1-060-28F	• **NAVY LINE OF DUTY CLAIMS**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND CONTRACTOR NUMBER =	MDA906-03-C-0010 (SOUTH)	
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 5		
	THEN BRANCH CLASSIFICATION CODE MUST =	N	NAVY **OR**
		Z	UNKNOWN
1-060-29F	• **MARINE LINE OF DUTY CLAIMS**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND CONTRACTOR NUMBER =	MDA906-03-C-0010 (SOUTH)	
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 6		
	THEN BRANCH CLASSIFICATION CODE MUST =	M	MARINE **OR**
		Z	UNKNOWN

ELEMENT NAME:	AGR SERVICE LEGAL AUTHORITY CODE (1-065)		
VALIDITY EDITS			
REFER TO CHAPTER 2, SECTION 5.3.			
RELATIONAL EDITS			
1-065-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) **OR**
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) **OR**
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) **OR**
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) **OR**
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) **OR**
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) **OR**
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) **OR**
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) **OR**
		I	AGR: 14 U.S.C. 276 **OR**
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) **OR**
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) **OR**
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) **OR**
		X	AGR: OTHER **OR**
		Z	UNKNOWN/NOT APPLICABLE

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283)		
VALIDITY EDITS		
REFER TO CHAPTER 2, SECTION 5.3.		
RELATIONAL EDITS		
1-283-02F	• **NO DUPLICATE CLINS ON TED RECORD**	
IF HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)		
1-283-08F	• **OPTION PERIOD**	
IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER **OR**
	9	CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD **NOT** = BLANK		
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
AND TYPE OF SUBMISSION =	A	ADJUSTMENT
THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CLIN ON THE TMA DATABASE		
ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CLIN ON THE TMA DATABASE		
1-283-09F	• **CLIN MATCHES APPROPRIATION TYPE**	
IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER **OR**
	9	CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD **NOT** = BLANK		
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
AND TYPE OF SUBMISSION =	A	ADJUSTMENT
THEN IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE		
THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.		
ELSE IF THE CLIN IS VALID FOR THE CURRENT OPTION PERIOD IN THE TMA DATABASE		
ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.		

Element Name: Administrative CLIN (1-283) (Continued)			
	THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.		
1-283-10F	• **CLIN MATCHES APPROPRIATION TYPE**		
	IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER **OR**
		9	CLAIM RATE BATCH
	AND CLIN FIELD ON TED RECORD **NOT** = BLANK		
	AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT
	THEN IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE		
	THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =		SINGLE **OR**
			DISPENSING FEE
	OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		ELECTRONIC
	THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =		
		G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION **OR**
		H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION **OR**
		I	ELECTRONIC DRUG CLAIM SUBMISSION
	OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		PAPER
	THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	B	DD FORM 2642 **OR**
		C	HCFA FORM 1500 **OR**
		F	UB 92 **OR**
		J	OTHER
	OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		FOREIGN
	THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST **NOT** = A SPACE		

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

ELEMENT NAME: ADMINISTRATIVE CLIN (1-283) (CONTINUED)

ELSE IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE			
THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =		SINGLE **OR**	
		DISPENSING FEE	
OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		ELECTRONIC	
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION **OR**	
	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION **OR**	
	I	ELECTRONIC DRUG CLAIM SUBMISSION	
OR IF RATE TYPE FOR THE CLIN IN THE TMA DATABASE =		PAPER	
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	B	DD FORM 2642 **OR**	
	C	HCFA FOR 1500 **OR**	
	F	UB 92 **OR**	
	J	OTHER	
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		FOREIGN	
THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST **NOT** = A SPACE.			

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)		
	VALIDITY EDITS		
	REFER TO CHAPTER 2, SECTION 6.1.		
	RELATIONAL EDITS		
2-055-01F	• **FOREIGN EDITS [ACTIVE DUTY MEMBER]**		
	IF CONTRACT NUMBER =		MDA 906-02-C-0013 (TMOP) **OR**
			MDA 906-03-C-0019 (TRRx)
	OR IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN		
	AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-02F	• **TPR FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]**		
	IF CONTRACT NUMBER =		MDA 906-02-C-0013 (TMOP) **OR**
			MDA 906-03-C-0019 (TRRx)
	OR IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	WA	TPR FOREIGN ADSM
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN		
	AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		J	ACADEMY STUDENT **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-11F	• **TPR [ACTIVE DUTY SERVICE MEMBER]**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GU	ADSM ENROLLED IN TPR
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-16F	• **TRICARE SENIOR PHARMACY (TSRx) [ACTIVE DUTY FAMILY MEMBER]**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**
		M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE PART A **OR**
		C	MEDICARE PART A & B
2-055-17F	• **TRICARE SENIOR PHARMACY (TSRx) [RETIREE AND FAMILY MEMBER]**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
	AND HCC MEMBER CATEGORY CODE ≠	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	AND TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS **OR**
		M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND HCC MEMBER CATEGORY CODE MUST =	F	FORMER MEMBER **OR**
		H	MEDAL OF HONOR RECIPIENT **OR**
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY **OR**
		W	FORMER SPOUSE
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE A **OR**
		C	MEDICARE A & B
2-055-18F	• **TFL [RETIREE AND FAMILY MEMBER]**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR **OR**
		T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR **OR**
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
	AND HCC MEMBER CATEGORY CODE ≠	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HHC MEMBER CATEGORY CODE MUST =	F	FORMER MEMBER **OR**
		H	MEDAL OF HONOR RECIPIENT **OR**
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY **OR**
		W	FORMER SPOUSE
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	C	MEDICARE PART A & B
2-055-20F	• **SHCP VOUCHERS (ADSM CLAIMS ONLY)**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP - NON-MTF REFERRED **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-REFERRED CARE **OR**
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-21F	• **TPR ADFM INTERIM**		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		J	ACADEMY STUDENT **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
	AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE **OR**
		C	CHILD OR STEPCHILD **OR**
		D	PRE-ADOPTIVE CHILD **OR**
		E	WARD (COURT ORDERED)
2-055-22F	• TFL [ACTIVE DUTY FAMILY MEMBER]		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR **OR**
		T	MEDICARE/TRICARE DUAL ENTITLEMENT - SECOND PAYOR **OR**
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT - FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) **OR**
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	A	MEDICARE PART A **OR**
		C	MEDICARE PART A & B

2-055-25F	• **CONUS NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		

	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER HEADER TYPE FOUND IN THE TMA DATABASE MUST ≠		ARMY SHCP CLIN **OR**
			AIR FORCE SHCP CLIN **OR**
			NAVY SHCP CLIN **OR**
			TRICARE DOMESTIC ASAP **OR**
			TRICARE FOREIGN ASAP
2-055-28F	• **FOREIGN ADFM**		
	IF CONTRACT NUMBER =		MDA 906-02-C-0013 (TMOP) **OR**
			MDA 906-03-C-0019 (TRRX)
	OR IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
	AND TYPE OF SUBMISSION NOT =	B	ADJUSTMENT TO NON-TED RECORD **OR**
		E	COMPLETE CANCELLATION NON-TED RECORD
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN		
	AND SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)		
		M	MARINES **OR**
		N	NAVY **OR**
		O	NOAA **OR**
		Z	UNKNOWN
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		N	NATIONAL GUARD < 30 DAYS **OR**
		S	RESERVE > 30 DAYS **OR**
		T	FOREIGN MILITARY MEMBER **OR**
		V	RESERVE < 30 DAYS
	AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF
2-055-29F	• **TPR FOREIGN EDITS (ADFM)**		
	IF CONTRACT NUMBER =	MDA 906-02-C-0013 (TMOP) **OR**	
		MDA 906-03-C-0019 (TRRX)	
	OR IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND ENROLLMENT CODE/ HEALTH PLAN CODE =	WO	TPR FOREIGN ADFM
	AND TYPE OF SUBMISSION **NOT** =	B	ADJUSTMENT TO NON-TED RECORD **OR**
		E	COMPLETE CANCELLATION NON-TED RECORD
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA DATABASE MUST = TRICARE FOREIGN		
	AND SERVICE BRANCH CLASSIFICATION CODE MUST =	A	ARMY **OR**
		C	COAST GUARD **OR**
		F	AIR FORCE **OR**
		H	PUBLIC HEALTH SERVICE **OR**
		M	MARINES **OR**

Element Name:	Service Branch Classification Code (Sponsor) (2-055) (Continued)		
		N	NAVY **OR**
		O	NOAA **OR**
		Z	UNKNOWN
	AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY **OR**
		G	NATIONAL GUARD > 30 DAYS **OR**
		J	ACADEMY STUDENT **OR**
		S	RESERVE > 30 DAYS
	AND HCC MEMBER RELATIONSHIP CODE MUST =	B	SPOUSE **OR**
		C	CHILD **OR**
		D	PRE-ADOPTIVE CHILD **OR**
		E	WARD
2-055-30F	• **NAVY LINE OF DUTY CLAIMS**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR **OR**
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND CONTRACT NUMBER =	MDA906-03-0010 (SOUTH)	
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 5		
	THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	N	NAVY **OR**
		Z	UNKNOWN
2-055-31F	• **MARINE LINE OF DUTY CLAIMS**		
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER **OR**
		6	CLAIM RATE VOUCHER
	AND CONTRACT NUMBER =	MDA906-03-0010 (SOUTH)	

Eʟᴇᴍᴇɴᴛ Nᴀᴍᴇ:	Sᴇʀᴠɪᴄᴇ Bʀᴀɴᴄʜ Cʟᴀꜱꜱɪꜰɪᴄᴀᴛɪᴏɴ Cᴏᴅᴇ (Sᴘᴏɴꜱᴏʀ) (2-055) (Cᴏɴᴛɪɴᴜᴇᴅ)		
	AND BATCH/VOUCHER ASAP ACCOUNT NUMBER POSITION 8 = 6		
	THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	M	MARINE **OR**
		Z	UNKNOWN

ELEMENT NAME:	AGR SERVICE LEGAL AUTHORITY CODE (2-056)		
VALIDITY EDITS			
REFER TO CHAPTER 2, SECTION 6.1			
RELATIONAL EDITS			
2-056-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE **OR**
		6	VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	B	ADJUSTMENT NON-TED RECORD (HCSR) DATA **OR**
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) **OR**
		B	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) **OR**
		C	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) **OR**
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) **OR**
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) **OR**
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) **OR**
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) **OR**
		H	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) **OR**
		I	AGR: 14 U.S.C. 276 **OR**
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) **OR**
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) **OR**
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) **OR**
		X	AGR: OTHER **OR**
		Z	UNKNOWN/NOT APPLICABLE

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108)		
VALIDITY EDITS		
REFER TO CHAPTER 2, SECTION 5.2		
RELATIONAL EDITS		

2-108-02F • **NO DUPLICATE CLINS ON TED RECORD**

IF HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)

THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAVE NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)

2-108-11F • **NO BASE ADMINISTRATIVE PAYMENT FOR DENIAL OF SERVICES**

IF HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) **OR**
	9	BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
AND CONTRACT NUMBER = MDA906-02-C-0002 (TMOP)		
AND TYPE OF SUBMISSION =	D	COMPLETE DENIAL
THEN RATE TYPE FOR CLIN IN THE TMA DATABASE MUST ≠		DISPENSING FEE

2-108-16F • **OPTION PERIOD**

IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER **OR**
	9	CLAIM RATE BATCH
AND CLIN FIELD ON TED RECORD **NOT** = BLANK		
AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
AND TYPE OF SUBMISSION =	A	ADJUSTMENT
THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CLIN ON THE TMA DATABASE		

ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)			
	ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CLIN ON THE TMA DATABASE.		
2-108-17F	• **CLIN MATCHES APPROPRIATION TYPE**		
	IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER **OR**
		9	CLAIM RATE BATCH
	AND CLIN FIELD ON TED RECORD **NOT** = BLANK		
	AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT
	THEN IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE		
	THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.		
	ELSE IF THE CLIN IS VALID FOR THE CURRENT OPTION PERIOD IN THE TMA DATABASE		
	THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIMED ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITH THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IN THE VOUCHER HEADER.		
2-108-18F	• **CLIN vs. CLAIM FORM TYPE**		
	IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER **OR**
		9	CLAIM RATE BATCH
	AND CLIN FIELD ON TED RECORD **NOT** = BLANK		
	AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0		
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT
	THEN IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE		
	THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =		SINGLE **OR**
			DISPENSING FEE
	OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE = ELECTRONIC		
	THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION **OR**
		H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION **OR**
		I	ELECTRONIC DRUG CLAIM SUBMISSION
	OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		PAPER
ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.			

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)

THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	B	DD FORM 2642 **OR**
	C	HCFA FORM 1500 **OR**
	F	UB 92 **OR**
	J	OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		FOREIGN
THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST **NOT** = A SPACE.		
ELSE IF THE CLIN IS VALID FOR THE CURRENT OPTION PERIOD IN THE TMA DATABASE		
THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =		SINGLE **OR**
		DISPENSING FEE
OR IF THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		ELECTRONIC
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION **OR**
	H	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION **OR**
	I	ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		PAPER
THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =	B	DD FORM 2642 **OR**
	C	HCFA FORM 1500 **OR**
	F	UB 92 **OR**
	J	OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		FOREIGN
THEN THE THIRD CHARACTER OF THE FILING STATE/COUNTRY CODE ON THE TED MUST **NOT** = A SPACE.		

ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

ELEMENT NAME: ADMINISTRATIVE CLIN (2-108) (CONTINUED)			
2-108-19F	• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (TMOP) **OR**	
		MDA906-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	9	CLAIM RATE ELIGIBLE BATCH
	AND CLIN **NOT** = BLANK		
	THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST **NOT** =	DISPENSING FEE **OR**	
		ELECTRONIC **OR**	
		PAPER	
2-108-20F	• ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (TMOP) **OR**	
		MDA906-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	6	CLAIM RATE ELIGIBLE VOUCHER
	THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST **NOT** = SINGLE RATE		
ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.			

ELEMENT NAME: AMOUNT INTEREST PAYMENT (2-112)			
VALIDITY EDITS			
REFER TO CHAPTER 2, SECTION 2.4.			
RELATIONAL EDITS			
2-112-01F	• **INTEREST VALIDATION ON PHARMACY BATCHES**		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (TMOP) **OR**	
		MDA906-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	0	NON-CLAIM RATE BATCH **OR**
		9	CLAIM RATE BATCH
THEN AMOUNT INTEREST PAYMENT MUST = ZERO			

ELEMENT NAME: AMOUNT PATIENT COST-SHARE (2-200)			
VALIDITY EDITS			
REFER TO CHAPTER 2, SECTION 2.4.			
RELATIONAL EDITS			
2-200-01F	• **COST-SHARE VALIDATION ON PHARMACY BATCHES**		
	IF CONTRACT NUMBER =	MDA906-02-C-0002 (TMOP) **OR**	
		MDA906-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	0	NON-CLAIM RATE BATCH **OR**
		9	CLAIM RATE BATCH
THEN AMOUNT PATIENT COST-SHARE MUST = ZERO			